CHULA VISTA POLICE DEPARTMENT PEDDLER/SOLICITOR/VENDING VEHICLE RENEWAL APPLICATION

NAME:					
	Last Business:	First	М		
					
ADDRESS	o:			· · · · · · · · · · · · · · · · · · ·	
HOME #: _		WOF	RK #:		
EMAIL AD	DRESS				
	CONVICTIONS IN T ase list on back side of	HE PAST 12 MONTHS: of this application)	YES	NO	
EXPIRATI	ON DATE OF PERMI	T:	DATE OF BIRTH	:	
SOCIAL SECURITY #:			CDL #:		
		HAIR COLOR:			
The follo	wing information n	nust be submitted to	renew your Pea	dlers/Vending Permit:	
		payable to the City of Ch			
	•	Available at appointment) taken within the last six r			
VFNDIN	G VEHICI ES MU	ST SUBMIT THE FO	I I OWING DOC	CUMENTS:	
			LLOWING DOC	JOINLIVI G.	
	Valid Driver's Licens Current Department	se of Motor Vehicle registra	ation		
>	Current Vehicle Insu	rance Card			
	Department of Healt City of Chula Vista E				
If Peddle	er/Vending permit i	s EXPIRED MORE T	HAN TWO WEI	FKS. A Police	
	U .	tion must be submitte		•	
YOU MA	Y NOT OPPERA	TE IN THE CITY O	F CHULA VIST	A WITHOUT A VALID	
	CONTROLLED LI		. 61.62/	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I CERTIF	Y THAT THE INF	ORMATION PROVID	OFD ON THIS A	PPI ICATION IS	
	AND ACCURATE.				

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION.

SIGNATURE:

Please contact (619) 691-5244 to make an appointment to turn in application or if you require additional information.

DATE

ALL FEES ARE NON-REFUNDABLE

5B REV 08/10 lg